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APPLICANTS

Ke-Wen Dong, Chesapeake, VA;  
Sergio C. Oehninger, Norfolk, VA;  
William E. Gibbons, Norfolk, VA;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/252,828 02/19/1999 L/C  
which claims benefit of 60/075,079 02/19/1998 L/C

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/13/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 12	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Oliver Klock</i> Examiner's Signature	Initials			

ADDRESS

24395

TITLE

HUMAN ZONA PELLUCIDA PROTEIN 3 AND USES THEREOF

FILING FEE RECEIVED 444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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